

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SH | 1035 | 12-18-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N
 = Allowed I
 - through numerals Canceled A
 Restricted O

Non-elected
 Interference
 Appeal
 Objected

| Claim | Date | Claim | Date | Claim | Date |
|----------------|------|----------------|------|----------------|------|
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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